



## Institutional Financial Aid Questionnaire 2025-2026

### **Dependent Student**

Complete ALL information on this questionnaire. Incomplete information will be returned to the student. All information on this form is being collected to award financial aid in an equitable manner consistent with federal and state regulations.

### **Students Information**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are You a U.S. Citizen? YES \_\_\_\_ NO \_\_\_\_

Are you an employee of Unity Point Systems or any of its affiliates? YES \_\_\_\_ NO \_\_\_\_

### **Permanent Address:**

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Local Address** (If this address is the same as above, write "SAME")

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### **If your address changes, please notify the Student Services Office**

### **Housing Plans**

Do you intend on living at home with your parents? YES \_\_\_\_ NO \_\_\_\_

Do you intend on living off campus with or without roommates? YES \_\_\_\_ NO \_\_\_\_



**Parent's Information (Please provide information about the parents/step parent listed on your FAFSA)**

Name \_\_\_\_\_

First Name

Last Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License # *(if requested by FA rep)* \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status at time of FAFSA completion: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Education**

Program you are pursuing: \_\_\_\_\_

Have you ever attended a Trinity College of Nursing program before? YES \_\_\_\_\_ NO \_\_\_\_\_

**Other Expected Financial Aid**

**SCHOLARSHIPS**

Name \_\_\_\_\_

Summer \$ \_\_\_\_\_ Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_

Name \_\_\_\_\_

Summer\$ \_\_\_\_\_ Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_

**VETERANS BENEFITS**

Type \_\_\_\_\_



## Special Circumstances

If you believe there are unusual circumstances that are out of your control (eg, loss of job) and should be considered in evaluating your eligibility for Financial Aid, please briefly describe your circumstances below and attach a letter and any documentation that supports your request. Please note, your letter should describe the situation and also how it is affecting you financially.

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## Certification

### FINANCIAL AID INFORMATION RELEASE

The information on this questionnaire is true and complete to the best of my knowledge. I understand my information is confidential. I would like to give Trinity College of Nursing & Health Sciences permission to release my financial aid/billing to the following:

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Release Information to: name(s) and relationship

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Student Signature  
(Your typed name constitutes a signature to this document)

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Date